



Arkansas Department of Human Services

Division of Medical Services

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PROPOSED - OFFICIAL NOTICE

DMS-2003-AR-3 DMS-2003-I-1 DMS-2003-FF-2 DMS-2003-Y-3
DMS-2003-C-2 DMS-2003-L-7 DMS-2003-R-11 DMS-2003-YY-3
DMS-2003-F-1 DMS-2003-KK-8 DMS-2003-EE-2

TO: **Health Care Provider – ARKids First-B; Child Health Management Services (CHMS); Developmental Day Treatment Clinic Services (DDTCS); Home Health; Hospital; Nurse Practitioner; Occupational, Physical, Speech Therapy; Physician; Podiatrist; Rehabilitative Hospital and Rehabilitative Services for Persons with Mental Illness (RSPMI)**

DATE:

SUBJECT: **Occupational, Physical, Speech Therapy Program Policy**

This Official Notice is a result of provider inquiries. Its purpose is to provide clarification of Occupational, Physical, Speech Therapy Program policy for recipients under age 21. This clarification pertains to the following:

- I. Retrospective Review Guidelines
- II. Therapy services benefit limits
- III. The use of form DMS-640 and instructions for completion by the primary care physician (PCP)
- IV. PCP referrals for therapy services when provided by a school district in accordance with a child's Individualized Education Program (IEP)
- V. Electronic signatures

I. Retrospective Review Guidelines

Progress notes must be maintained as outlined in the Retrospective Review Guidelines. The licensed therapist or licensed therapy assistant providing the service must sign each date of entry with a full signature and credentials. Initials are not acceptable. Reconsideration regarding signatures will not be allowed.

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I. Retrospective Review Guidelines (continued)

When therapy services are provided by a licensed therapy assistant who is supervised by a licensed therapist, the supervising therapist must observe a therapy session with the child and review the treatment plan and progress notes at a minimum of every 30 calendar days. Each page of progress note entries must be signed by the supervising therapist with his or her full signature, credentials and date of review.

II. Therapy Services Benefit Limits

Arkansas Medicaid applies benefit limits to therapy services furnished to each child. Refer to the Occupational, Physical, Speech Therapy Program manual for provision of benefit extensions and procedures to request extension of benefits.

- A. Evaluations for occupational, physical and speech therapy services are each limited to a maximum of four 30-minute units per state fiscal year per child.
- B. Individual and group occupational, physical and speech therapy are each limited to a maximum of four 15-minute units of therapy per day per child, regardless of whether services are delivered by the same or different provider(s). **For example**, if two speech therapists see the same child in one day, each for one hour, Medicaid will not pay more than a total of four units of speech therapy for that child unless a benefit extension was approved before the services were provided.

A full unit of service must be rendered in order to bill a unit of service. Partial units must not be rounded up and are not reimbursable.

III. Use and Completion of Form DMS-640

- A. The child's primary care physician (PCP) must make a written referral on his or her own prescription pad or by using form DMS-640. After an initial evaluation is performed, the physician must review the evaluation results and treatment plan to determine medical necessity for therapy services. All subsequent evaluations require a written PCP referral.
- B. A PCP referral is required every 6 months for continued therapy, even if the prescription for therapy is for one year.
- C. Form DMS-640 must be used for all prescriptions for therapy services. If form DMS-640 was used for the initial referral, a separate DMS-640 is required for prescription.

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III. Use and Completion of Form DMS-640 (continued)

- D. After the initial referral and initial prescription, subsequent referrals and prescriptions for continued therapy may be made at the same time using the same DMS-640.
- E. Form DMS-640 is not to be altered in any way. Any alteration of the form is considered as non-compliance with program policy.
- F.. Directions for completion of form DMS-640 are attached to this Official Notice. The physician must complete the form according to the directions, and therapy providers are encouraged to refer to these directions to better understand the physician's use of the form.

IV. PCP Referrals for Therapy Services Provided by School Districts

When a school district is providing therapy services in accordance with a child's Individualized Education Program (IEP), a PCP referral is required at the beginning of each school year. The PCP referral for therapy services related to the IEP can be for the 9-month school year, and a 6-month referral renewal is not necessary unless the PCP specifies otherwise.

V. Electronic Signatures

Medicaid will accept electronic signatures provided the electronic signature complies with Arkansas Code 25-31-103.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211. Thank you for your participation in the Arkansas Medicaid Program.

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Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Interim Director

Attachment

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Proposed Instructions for Completion

Form DMS-640 – Occupational, Physical and Speech Therapy for Medicaid Eligible Recipients Under Age 21 PRESCRIPTION/ REFERRAL

- If this is an initial referral for therapy, check the referral box only. After you receive the therapy evaluation and determine that therapy is necessary, you must use a new DMS-640 form to prescribe the therapy. Check the treatment box for prescription and complete the form following the instructions below. If the referral and prescription are for previously prescribed services, you may check both boxes.
- Patient Name – Enter the patient's full name.
- Medicaid ID# - Enter the patient's Medicaid ID #.
- Date of Last Physical Examination – Enter the date of the last time you saw this child. (This could be either for a complete physical examination, a routine check-up or an office visit for other reasons requiring your personal attention.)
- Medical Diagnosis – Enter the medical diagnosis that establishes the medical necessity for the therapy service.
- Developmental Diagnosis – Enter the applicable developmental diagnosis.

NOTE: In some instances the medical diagnosis may also be the developmental diagnosis.

- Clinical Indication for Treatment – Enter the results of the therapy evaluation(s) indicating the necessity of therapy treatment.
- Prescription block – If the form is used for a prescription, enter the prescribed number of minutes per week and the prescribed duration (in months) of therapy.
- Other Information – Any other information pertinent to the child's medical condition, plan of treatment, etc. may be entered.
- Primary Care Physician Name and Medicaid Provider Number – Print the name of the prescribing PCP and his or her Medicaid provider number.
- Attending Physician Name and Medicaid Provider Number – If the Medicaid-eligible child is exempt from PCP requirements, print the name of the prescribing attending physician and his or her Medicaid provider number.
- Physician Signature – The prescribing physician must sign and date the prescription for therapy in his or her original signature.

The original of the completed form DMS-640 must be maintained in the child's medical records by the prescribing physician. A copy of the completed form DMS-640 must be retained by the therapy provider.